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Effectiveness of Parent-Involved Programs in the Prevention and Intervention of Substance Abuse Among Adolescents: A Systematic Review

Ergenlerde Madde Bağımlılığını Önleme ve Müdahalede Ebeveyn Katılımına Dayalı Programların Etkililiği: Sistematik Bir Derleme

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Abstract:

The aim of this study is to examine the effectiveness of parent-involved programs in preventing and intervening in adolescent substance abuse through a systematic review and to identify the common characteristics, mechanisms of action, and success rates of these programs. The research was conducted using a systematic review method. Within the framework of predetermined inclusion and exclusion criteria, Turkish and English academic studies focusing on substance use prevention or intervention programs involving parental participation for adolescents aged 11-18 were screened. A total of 472 studies were initially identified, and 15 studies meeting the criteria were included in the review. The 15 studies evaluated substance abuse prevention programs and other parent-based intervention programs. The findings indicate that family-based programs are effective in reducing or preventing alcohol, tobacco, and other drug use among adolescents through mechanisms such as improving parent-child communication, increasing parental monitoring and supervision, and establishing strict rules against underage substance use. However, the effectiveness of the programs varies depending on the target group's age range, program content, implementation frequency, and cultural context. In conclusion, parent-involved prevention and intervention programs offer a promising approach in combating adolescent substance abuse. It is recommended that these programs, proven effective abroad, be disseminated in Turkey and the TRNC and that cultural adaptation studies be conducted.

Keywords: Substance abuse, Adolescents, Parental involvement, Family-based interventions, Prevention programs, Systematic review.

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Öz:

Bu çalışmanın amacı, ergenlerde madde bağımlılığını önleme ve müdahalede ebeveyn katılımına dayalı programların etkililiğini sistematik bir derleme yöntemiyle incelemek ve bu programların ortak özelliklerini, etki mekanizmalarını ve başarı oranlarını ortaya koymaktır. Araştırma, sistematik derleme yöntemiyle gerçekleştirilmiştir. Belirlenen dahil etme ve dışlama kriterleri çerçevesinde, yaş ortalaması 11-18 aralığında olan ergenlere yönelik, ebeveyn katılımını içeren madde kullanımını önleme veya müdahale programlarını konu alan Türkçe ve İngilizce akademik çalışmalar taranmıştır. Konuyla ilgili başlangıçta 472 çalışma bulunmuş, kriterleri karşılayan 15 araştırma derlemeye dahil edilmiştir. İncelenen 15 çalışma kapsamında madde bağımlılığıyla ilgili önleme programları ve diğer ebeveyn temelli müdahale programları değerlendirilmiştir. Bulgular, aile temelli programların ebeveyn-çocuk iletişimini geliştirme, ebeveyn izleme ve denetimini artırma, reşit olmayanlar için madde kullanımına karşı katı kurallar koyma gibi mekanizmalar yoluyla ergenlerde alkol, tütün ve diğer uyuşturucu madde kullanımını azaltmada veya önlemede etkili olduğunu göstermektedir. Bununla birlikte, programların etkililik düzeyleri, hedef kitlenin yaş aralığı, program içeriği, uygulama sıklığı ve kültürel bağlama göre farklılık göstermektedir. Sonuç olarak, aile katılımına dayalı önleme ve müdahale programları ergen madde bağımlılığıyla mücadelede umut verici bir yaklaşım sunmaktadır. Yurt dışında etkililiği kanıtlanmış bu programların Türkiye ve KKTC'de yaygınlaştırılması ve kültürel uyarlama çalışmalarının yapılması önerilmektedir.

Anahtar Kelimeler: Madde bağımlılığı, Ergen, Ebeveyn katılımı, Aile temelli müdahale, Önleme programları, Sistematik derleme.

Introduction

The misuse of addictive substances and substance addiction remain among the most significant public health problems in many countries around the world, and their impact is increasing day by day (Dilbaz, 2013; Ögel, 2010). According to United Nations data from 2018, the number of people aged 15-64 who use drugs worldwide is approximately 271 million. The number of addicts rose from 29.5 million in 2016 to 31 million in 2018. These figures indicate that the measures taken have been insufficient to curb the rapid growth of the problem (UN Drug Report, 2018).

When the data on substance use in the Turkish Republic of Northern Cyprus (TRNC) are examined, a study conducted among high school students between 2011 and 2014 found that the most commonly used substances were cannabis, ecstasy, codeine syrup, and tranquilizer-sedative medications. It was also determined that the use of synthetic cannabinoid-type drugs is increasing (EMU-PDRAM, 2015). Another study, covering the years 1996–2015 and conducted with adolescents in middle and high school, found that 65% of youths smoked cigarettes, the lifetime alcohol use rate was 70%, and the rate of illegal psychoactive substance use was 7.3%. For substances categorized as narcotics, usage rates were 2.7% for cannabis and 2.3% for synthetic cannabinoids. The most striking result within this data is that the age of first use for cannabis and synthetic cannabinoid substances has dropped below 11, and that drug use is steadily increasing in the TRNC as well (Çakıcı et al., 2017).

Substance addiction is a multidimensional problem in terms of its effects. The impacts on the individual include death, weight loss, permanent damage to the brain and body, various physical and mental health problems, and impairment of cognitive functions (Ögel, 2010; Yaman, 2014). When the effects on the family are examined, issues such as intra-family conflicts, violence, divorces, economic losses, feelings of guilt, helplessness, and shame in parents, and the disruption of family unity come to the forefront (Butler & Bauld, 2005; Oreo & Ozgul, 2007; Yaman, 2014). The societal effects manifest as increased crime rates, loss of workforce, rising health expenditures, traffic accidents, and the disturbance of public order (Altuner et al., 2009; Dilbaz, 2012). This multifaceted negative picture necessitates that substance addiction be considered not only as an individual but also as a societal problem.

There are many risk factors that lead to substance use. Among these are genetic predisposition, psychological problems, peer pressure, easy access to substances, socioeconomic status, and school failure (Hawkins, Catalano & Miller, 1992). However, one of the most important risk factors is the family environment, where the child encounters many things for the first time, is educated, models behaviors, and is prepared to face life. Especially during childhood and adolescence, inadequate and inconsistent family relationships, intra-family conflicts, substance use within the family, neglect, overprotectiveness or excessive permissiveness, lack of supervision and monitoring, and parental education level are significant risks that affect a person's tendency toward substance use and addiction (Genç, 2018; Ögel, 2010; Vakalahi, 2001; Yücel & Gönültaş, 2016). Conversely, strong relationships and attachment between parents and children can reduce the inclination toward substance use or other risky behaviors (Aksoy, 2006; Başkurt, 2003).

In recent years, there has been a noticeable increase in studies conducted in Turkey and the Turkish Republic of Northern Cyprus (TRNC) aimed at raising awareness about addiction and taking preventive measures. These studies generally address topics such as demographic variables, types and definitions of addiction, types of substances, characteristics of individuals with addiction, family, physical, and social health problems arising after substance use, experimental and clinical studies related to the subject, and national policies (Akıncı, 2016; Alikaşifoğlu & Ercan, 2002; Çakıcı et al., 2017; EMU-PDRAM, 2015; Dilbaz, 2012; Eker, Akkuş & Kapısız, 2013; Karlıkaya, 2002; Ögel, 2002; Ögel & Aksoy, 2008; Ögel, Taner & Eke, 2006; Razı, 2019; Sevgi, Ögel, Cömert, & Eke, 2007; TUBİM, 2006, 2014; Yaman, 2014).

Although many studies have been conducted abroad on the above-mentioned criteria related to addiction, family-based protective and preventive programs are limited in Turkey and are virtually nonexistent in the TRNC. However, studies conducted abroad to prevent substance use and addiction have yielded promising results from family-based programs (Cuijpers, 2003). The content of these programs generally includes various interventions and protective factors such as monitoring children, improving parent-child communication and relationships, and ensuring parental participation in children's activities. Some programs specifically focus on compliance with household rules and reducing the allure of substance use. For example, parenting behaviors such as not using or restricting access to attractive substances at home, setting specific rules, and ensuring compliance with these rules aim to prevent children from using substances (Petrie, Bunn & Byrne, 2007; Smit, Verdurmen, Monshouwer & Smit, 2008).

Many studies have found that parents play a critical role in preventing substance use and addiction (Aksoy, 2006; Başkurt, 2003; Calafat et al., 2014; Kuntsche & Kuntsche, 2016; Ögel, 2010; Tamar, Ögel & Çakmak, 2008; Velleman, Templeton & Copello, 2005; Wood, Read, Mitchell & Brand, 2004). In the family institution, the individual's first mechanism of socialization, parental attitudes and behaviors, serve as significant models that influence children's lives. Therefore, the type of parent-child relationship (authoritarian, overly strict, neglectful, permissive, supportive, encouraging, etc.) affects the child either positively or negatively (Başkurt, 2003; Garcia & Gracia, 2009; Genç, 2018; Fuentes, Garcia, Gracia & Lila, 2011; Sorkhabi, 2012; Tur-Porcar, Mestre & Llorca, 2015; Tur-Porcar, Jiménez-Martínez & Mestre-Escrivá, 2019).

In this regard, it is especially necessary to expand family-based programs that include the roles of parents in both the prevention and treatment of substance use (Bo et al., 2018; Bodin & Strandberg, 2011; Carson et al., 2011; Cuijpers, 2003; Das et al., 2016; Kuntsche & Kuntsche, 2016; Martinez et al., 2017; Stockwell et al., 2004; Velleman et al., 2005; Yuen & Toumbourou, 2008). The content of family-based programs generally includes various interventions and protective factors such as monitoring children, strengthening the parent-child relationship, and parental involvement in children's activities. Some programs specifically focus on compliance with certain household rules and reducing the allure of substance use. For example, parenting behaviors such as not using or restricting access to attractive substances at home, setting specific rules, and ensuring compliance with these rules aim to prevent children from using substances (Petrie et al., 2007; Smit et al., 2008; Spoth, Greenberg & Turrisi, 2008).

Adolescence is a sensitive developmental period characterized by identity exploration, heightened susceptibility to peer influence, and the highest likelihood of engaging in risky behaviors (Gander & Gardiner, 2001; Tamar, Ögel & Çakmak, 2008). Substance use and addiction that begin during this period, if left untreated or unaddressed, pose a significant danger to future generations. Therefore, prevention and intervention programs targeting adolescents hold particular importance.

In this study, it is anticipated that, based on the successful results of family-based intervention and prevention programs abroad, similar programs can be adapted for the TRNC and Turkey, thus offering a new alternative in the fight against drugs in these countries. In this context, the aim of the study is to systematically review the effectiveness of parent-involvement-based programs in preventing and intervening in adolescent substance addiction, and to inform future research and practice by identifying common features, mechanisms of action, and success rates of these programs.

Method

Research Model

This research was conducted using a systematic review. A systematic review is a rigorous, organized synthesis and presentation of multiple studies conducted by experts in the field using similar methods (Karaçam, 2013).

Data were collected according to criteria determined within the scope of the research. Accordingly, (i) Turkish and English academic studies, applications, e-journals, books, articles, and sources from websites related to the topic, published by individuals and institutions from the TRNC, Turkey, and abroad; (ii) studies and results involving prevention/intervention programs for substance use that included the parents of individuals with an average age between 11–18 were examined, and the sources were classified and interpreted in line with the general aim of the research.

In addition, studies or commentaries that did not include family-based intervention and treatment methods, unpublished reports, studies unrelated to substance use intervention, research focusing on health risk factors other than substance abuse, evaluations focused on a specific subgroup, and interventions targeting groups other than adolescents and youth, or studies that did not report results, were not included in the evaluation. After reviewing all studies that met the relevant criteria, the findings and data from each study were assessed and interpreted.

Given the broad scope of the research topic, specific keywords (family-based studies in substance use prevention and intervention, family roles and effects) were identified to narrow the search, and the review was conducted accordingly. As a result, of the 472 studies related to the topic, 457 that did not focus on family-based programs were excluded, and 15 studies that met the aforementioned criteria were included in the research. The PRISMA flow diagram for the study is presented in Figure 1.

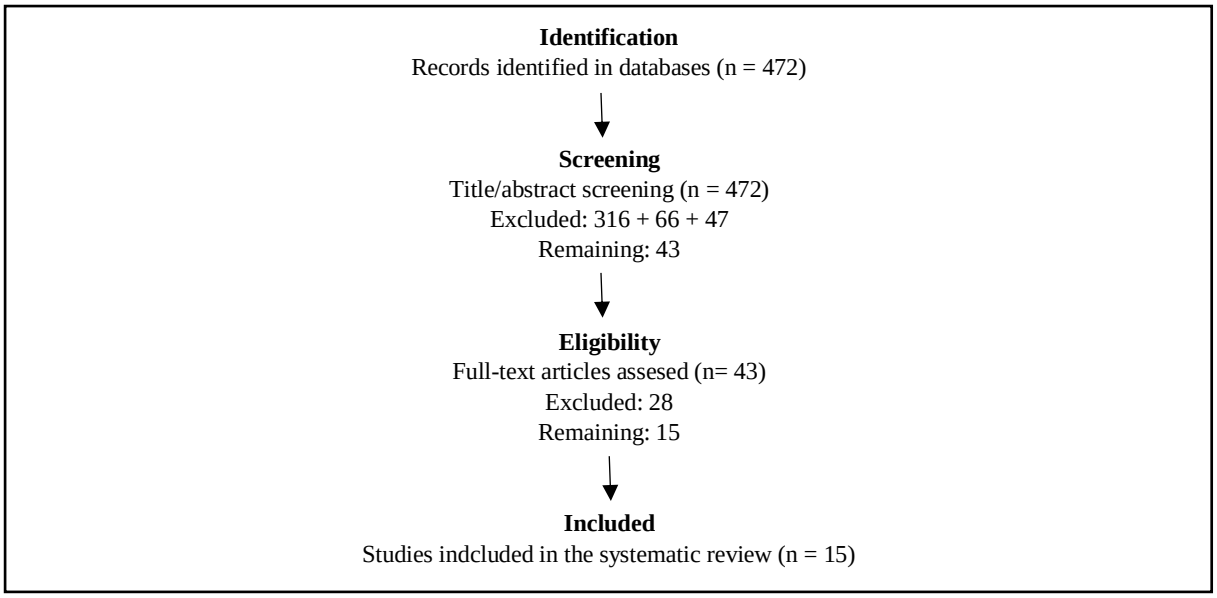

Figure 1. *PRISMA Flow Diagram*

Based on the inclusion and exclusion criteria—such as whether the study covered family-based programs, targeted populations other than adolescents and youth, was related to substance use interventions, or focused on a specific subgroup or region—some studies were included in the research and others were excluded. A diagram showing the studies included and excluded according to these criteria is presented in Figure 2.

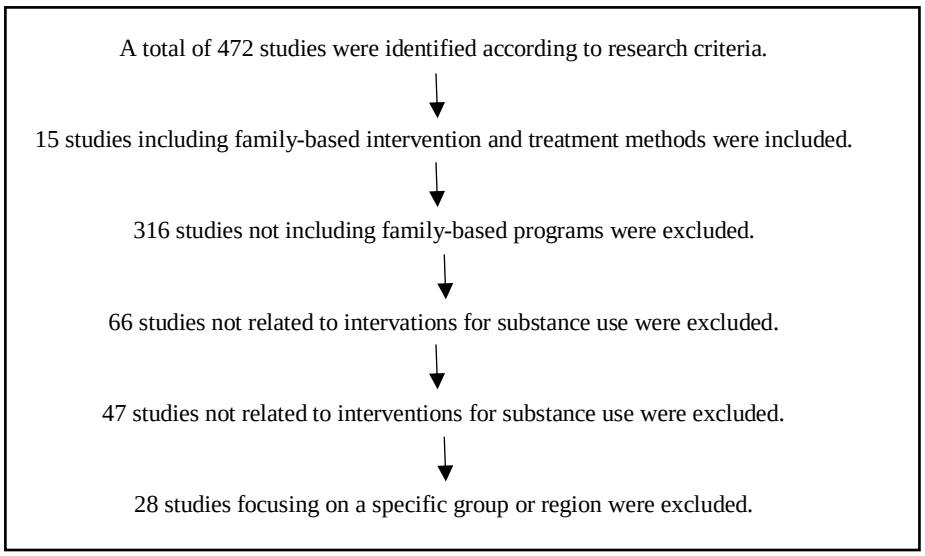
A total of 472 studies were identified according to research criteria.
15 studies including family-based intervention and treatment methods were included.
316 studies not including family-based programs were excluded.
66 studies not related to intervations for substance use were excluded.
47 studies not related to interventions for substance use were excluded.
28 studies focusing on a specific group or region were excluded.

Figure 2. *Diagram of Studies Included and Excluded According to Research Criteria*

Findings

Fifteen studies that included family-based intervention and treatment methods are presented in Table 1, along with details on the programs implemented, the targeted substance, the groups considered, and the programs' duration. Explanations for the abbreviations used in Table 1 are provided below.

FBPP: Family-Based Prevention Program

APP: Alcohol Prevention Program

BASIC:Computer-Generated Personalized Feedback Page

TRNC: Turkish Republic of Northern Cyprus

SPP: Student Participation Program

TUBIM: Turkish Monitoring Center for Drugs and Drug Addiction

HSHDE: Home-based Self-Help and Drug Education

SAPEP: Substance Addiction Prevention Education Program

CBPP: Connection Building and Prevention Program

Cluster RCT: Cluster Randomized Controlled Trial

ED: Experimental Design

QED: Quasi-Experimental Design

Table 1. *Family-based intervention programs*

Program Name	Authors	Method	Intervention and Control Group			Effectiveness / Main Findings
			Group 1	Group 2	Group 3	
APP (11–15 years) (Alcohol Prevention Program)	Bodin & Strandberg (2011)	Cluster RCT	Presentation	-	-	Repeated presentations in 7th, 8th, and 9th grades reduced adolescent alcohol use and improved parenting skills.
APP (11–15 years)	Koning et al. (2013)	Cluster RCT	FBPP	SPP	FBPP+SPP	A single meeting and a brochure were not effective, but parenting skills improved.
FBPP (14–16 years)	Doumas et al. (2013)	Cluster RCT	FBPP	FBPP+brochure	–	A significant decrease in alcohol use or drunkenness was observed.
FBPP (14–16 years)	Turrisi et al. (2013)	Cluster RCT	FBPP	FBPP	FBPP	A significant decrease in alcohol use or drunkenness was observed.
FBPP (14–16 years)	Grossbard et al. (2010)	Cluster RCT	FBPP	FBPP+BASIC	BASIC	Positive effect on cannabis use; also, a decrease in alcohol use.
FBPP (14–16 years)	Turrisi et al. (2009)	Cluster RCT	FBPP	BASIC	FBPP+BASIC	A significant decrease in alcohol use or drunkenness was observed.
FBPP (14–16 years)	Ichiyama et al. (2009)	Cluster RCT	FBPP	–	–	A decrease in alcohol and illicit drug use was observed.
FBPP (14–16 years)	Testa et al. (2010)	Cluster RCT	FBPP	–	–	Parent-child communication increased in the intervention group, but the effect on alcohol was limited.
FBPP (14–16 years)	Cleveland et al. (2013)	Cluster RCT	FBPP	FBPP	FBPP	A significant decrease in alcohol use or drunkenness was observed.
FBPP (10–14 years)	Fang & Schinke (2013)	Cluster RCT	FBPP	–	–	In the intervention group, use of alcohol, marijuana, and prescription drugs was found to be significantly lower.
FBPP (14–16 years)	Mallet et al. (2010)	Cluster RCT	FBPP	SPP	FBPP+SPP	A decrease in alcohol, cannabis, and other drug use was observed.
FBPP (14–16 years)	Wood et al. (2010)	Cluster RCT	FBPP	SPP	FBPP+SPP	Alcohol use decreased, but no relationship was found with parental monitoring and communication.
HSHDE (10–11 years) (Home-based Self-Help and Drug Education)	Beatty et al. (2009)	Cluster RCT	FBPP	FBPP	–	Reduced tobacco use, but showed limited effect on cannabis and other drugs.
SAPEP (13–15 years) (Substance Addiction Prevention Education Program)	Sevgi et al. (2007)	Experimental Design	Program group	–	–	Increased substance refusal skills and reduced false beliefs, but no significant change in usage frequency.
CBPP (11–14 years) (Connection Building and Prevention Program)	Giannotta et al. (2013)	Quasi-Experimental Design	Attachment Relationships	–	–	The program focusing on attachment principles had a positive effect on reducing tobacco and alcohol use.

Two of the family-based programs are the Alcohol Prevention Programs (APP) with family involvement, conducted in Sweden by Bodin and Strandberg (2011) and in the Netherlands by Koning et al. (2013). The other ten are Family-Based Prevention Programs (FBPP) conducted in the United States (Cleveland et al., 2013; Doumas,

Turrisi, Ray, Esp, & Curtis-Schaeffer, 2013; Grossbard et al., 2010; Fang & Schinke, 2013; Ichiyama et al., 2009; Mallett et al., 2010; Testa, Hoffman, Livingston & Turrisi, 2010; Turrisi et al., 2009; Turrisi et al., 2013; Wood et al., 2010). The remaining three are Beatty et al.'s (2009) Home-based Self-Help and Drug Education (HSHDE) program and Giannotta et al.'s (2013) Connection Building and Prevention Program (CBPP).

In the Swedish APP, parents received a standardized 20-minute presentation on the importance of setting strict rules regarding alcohol use for their 11 to 13-year-old children during a parent-teacher meeting. The program content emphasized establishing strict rules on underage drinking and monitoring adolescents' activities (Bodin & Strandberg, 2011). Repeated presentations at parent-teacher meetings in 7th, 8th, and 9th grades with the same parents were found to be effective in reducing adolescent alcohol use in Sweden. In contrast, the Dutch adaptation of the APP, which consisted of a single meeting and brochure distribution, showed no effect (Koning et al., 2013). Nevertheless, studies using the principles of the APP yielded positive results in increasing alcohol-specific parenting skills (attitudes, monitoring, or rule-setting) (Bodin & Strandberg, 2011; Koning et al., 2013).

The Family-Based Prevention Program (FBPP) includes information for university students about alcohol addiction and its effects, techniques to improve parent-youth communication, and suggestions on how young people can be resilient and resist peer pressure. The goals of the program are to promote positive parenting, ensure parental disapproval of alcohol use, enhance alcohol-related communication, and monitor adolescent activities. As a result of these studies, a significant decrease was observed in alcohol use and drunkenness (Cleveland et al., 2013; Turrisi et al., 2009; Turrisi et al., 2013; Wood et al., 2010).

In a study examining the effect of FBPP on alcohol- and illicit drug-specific parenting, parents in the intervention group reported increased parent-child communication (Testa et al., 2010). Another study found that parental permissiveness, monitoring, and communication did not have a significant impact on the relationship between FBPP and alcohol use (Wood et al., 2010). Another study found that the family-based program had a positive effect on cannabis use (Grossbard et al., 2010).

The remaining three studies provide evidence regarding the effects of other parent-based programs. These studies revealed positive effects of specific programs on substance-specific parenting (Beatty et al., 2009). The implemented "Parent Management Training" had a marginal effect on reducing the likelihood of cannabis and other drug use, and was also found to have a positive effect on reducing tobacco use (Beatty et al., 2009; Giannotta et al., 2013).

Discussion

In this systematic review, the effectiveness of parent-involvement-based programs in preventing and intervening in adolescent substance addiction was examined. The findings from the 15 studies included in the review show that the vast majority of family-based programs (86.7%) are effective in preventing or reducing adolescent substance use.

Comparison of Effective and Ineffective Programs
Among the programs reviewed, the most notable results were from the Alcohol Prevention Program (APP) in Sweden and the Family-Based Prevention Program (FBPP) in the United States. The original implementation of APP in Sweden—through repeated parent-teacher meetings in 7th, 8th, and 9th grades—significantly reduced adolescent alcohol use (Bodin & Strandberg, 2011). In contrast, the Dutch adaptation of the same program, delivered as a single session with brochure distribution, was not found to be effective (Koning et al., 2013). This suggests that the number of repetitions and the intensity of program implementation are critical factors for effectiveness.

The FBPP programs were generally found to be effective in reducing the use of alcohol, cannabis, and other illicit drugs (Cleveland et al., 2013; Doumas et al., 2013; Grossbard et al., 2010; Fang & Schinke, 2013; Ichiyama et al., 2009; Mallett et al., 2010; Turrisi et al., 2009; Turrisi et al., 2013; Wood et al., 2010). A common feature of these programs is that they not only provide information to parents but also offer concrete parenting strategies, such as improving parent-child communication, increasing monitoring and supervision skills, and setting and reinforcing rules. The fact that FBPP was only partially effective in one study (Testa et al., 2010) suggests that the mechanisms underlying the program's impact need to be examined in greater detail.

Other effective programs include the Home-based Self-Help Program implemented in Australia (Beatty et al., 2009) and the Connection Building and Prevention Program in Italy (Giannotta et al., 2013). The common point of these programs is their focus on strengthening the parent-child relationship and increasing attachment.

Common Features of Effective Programs
Based on the studies reviewed, the following common features were identified in effective family-based programs:

Repeated Sessions
Rather than one-time interventions, sessions that are repeated and reinforced at regular intervals are more effective (Bodin & Strandberg, 2011; Koning et al., 2013).

Concrete Parenting Skills
Effectiveness increases when programs provide not only information, but also practical strategies such as monitoring, rule-setting, communication skills, and coping with peer pressure (Kuntsche & Kuntsche, 2016; Petrie et al., 2007; Smit et al., 2008).

Early Intervention
Implementing programs at the beginning of adolescence (ages 11–14) allows for intervention before substance use begins or while it is still at the experimental stage (Gander & Gardiner, 2001; Tamar et al., 2008).

Cultural Adaptation
Adapting the program to the cultural characteristics of the society where it is implemented is a significant factor that increases effectiveness (Cuijpers, 2003).

Adequacy of Programs and Supportive Elements
While family-based programs are an effective strategy for preventing adolescent substance addiction, they are not sufficient on their own. Since substance addiction is a multidimensional problem, family-based interventions should be supported by school-based programs, peer education, community-based awareness campaigns, and policy-level regulations (Das et al., 2016; Martinez et al.,

2017; Velleman et al., 2005). Indeed, in some FBPP programs, adding student participation to family-based interventions has increased effectiveness (Mallett et al., 2010; Wood et al., 2010).

Timing of Program Implementation
Research findings show that family-based prevention programs are most effective during the early phase of adolescence (ages 11–14). This period is when substance use is still at the experimental stage, and parental influence remains stronger compared to peer influence (Gander & Gardiner, 2001; Tamar et al., 2008; Zapert et al., 2002). Therefore, it is recommended that prevention programs be implemented, especially during middle school years. For adolescents who have already initiated substance use, family-based intervention programs should be conducted in conjunction with professional treatment services (Dilbaz, 2012; Ögel, 2010).

Limitations and Recommendations

Family-based programs such as APP, FBPP, and similar programs proven effective abroad should be adapted to Turkish culture and their effectiveness tested with randomized controlled trials.

Family-based programs should be integrated and implemented alongside school-based prevention programs, peer education, and community-based interventions.

Prevention programs should focus on the 11–14 age range, when substance use has not yet started or is still experimental, and especially be integrated with the middle school curriculum. • Future studies should examine the role of factors such as family socioeconomic status, parental education level, family structure, and problematic child behaviors on program effectiveness (Genç, 2018; Yaman, 2014).

Longitudinal studies including at least 12 months of follow-up measurements should be conducted to evaluate the sustainability of program effects.

To allow for more detailed comparisons, future studies should provide detailed information regarding program content, intensity, adherence to the implementation protocol, and data quality.

Declarations

Ethical Approval and Informed Consent:
This study is a review and does not include any experimental work involving human participants or experimental animals. Therefore, ethical committee approval and participant consent are not required.

Publication Ethics Statement:
This article is original, has not been previously published, and is not under consideration elsewhere. The author declares that scientific ethical rules were followed in the preparation of this work.

Conflict of Interest:
The study was conducted by a single author.

Finding:
This study was not supported by any public, commercial, or non-profit organization.

Author Contributions:
The study was conducted by a single author.

Data Availability:
As this is a review article, no new data were generated or analyzed. All information used is based on the relevant literature.

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